

# TLC Trial Form FLOORPLN.03 Home Floor Plans

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Study ID:	T _____ - _____
House ID:	_____
Visit Code:	H1 - _____

**INSTRUCTIONS:** This form is to be filled out whenever a home is assessed for TLC cleanup and is considered acceptable for cleanup, either during the Screening Period or after the child has been randomized. More than one such assessment may occur for a child at a given location during the course of the Trial. Therefore, it is important to fill in the House ID number (assigned sequentially for each location that is assessed for each child) and the number of times that this particular home has been assessed (in Visit Code). For example, Visit Code H1-3 indicates that this is the third assessment for this house. Label each room and stair. Measure room dimensions to nearest inch. Ignore chases, radiators, built-in cabinets. Do not measure windows or doors. Number windows with "#". Identify child's bedroom and play areas. Indicate room dimensions with dashed lines.

For clinic use only

Log number	_____
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Date:	
Drawn by:	
Measured by:	
Floor:	
Page:	
Scale:	

## SYMBOL KEY

	STAIR
	DOOR
	WINDOW
	VENT
	SAMPLE AREA

Code	Room or stair

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COMMENTS